ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS Safer Communities Through Successful Youth
Speakers
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ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS
Safer Communities Through Successful Youth

## ADJC Secure Care: An Overview

By Peter Luszczak, Secure Care Operations Bureau Administrator

February 22, 2013

#### Outline

Basic Background Intake Process

New commitments

- Demographic
- Delinquency
- >Services available in Secure Care
- Parole violators

# The Juvenile Justice System in Arizona

In 2011, there were approximately 951,610 juveniles ages 8 to 17 in Arizona

36,639 (almost 4%) of those juveniles were referred at least once to AZ's juvenile courts

Once referred, their delinquent behavior can be addressed through Interventions in their Community, e.g. Diversionary programs, Probation programs at home and in placement

# The Juvenile Justice System in Arizona

The next step for repeat offenders who are not responding to those interventions, or commit serious offenses, is adjudication to ADJC

Note that some juveniles are directly transferred to the Adult system for the following:

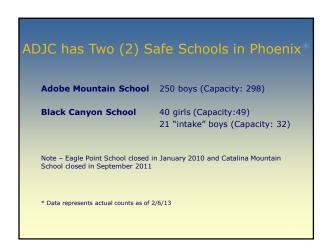
Those who are over 15 years old and commit Capital, certain Sex, or have 3 Felony offenses; At the Prosecutor's discretion to request depending on the severity of the crime

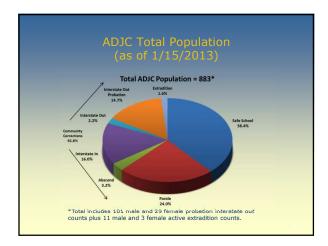
### **ADJC**

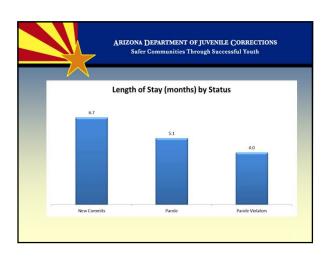
Juveniles are "adjudicated" to ADJC by the Court

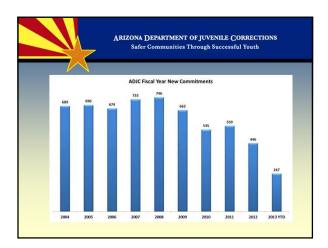
Judges may set a minimum length of stay, but juveniles must meet ADJC expectations in a range of areas before transitioning to the community on Parole, or age out at 18

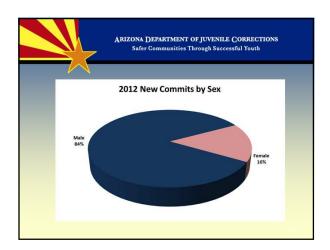
Juveniles are returned to the Community after meeting Readiness-for-Release criteria and review by the Juvenile Community Reentry Board

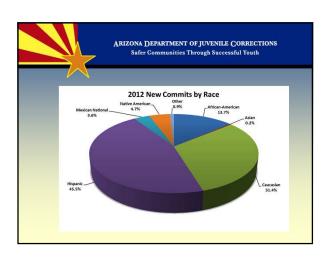


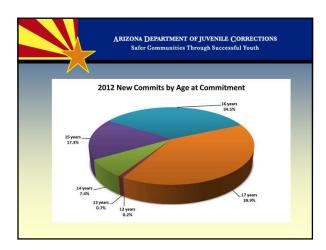


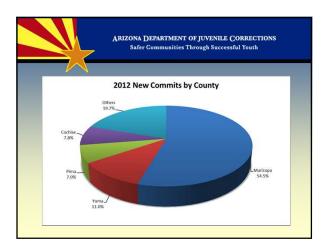


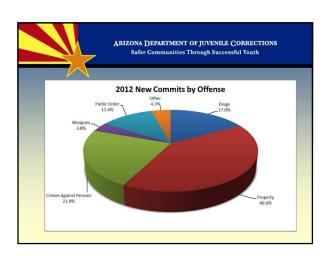


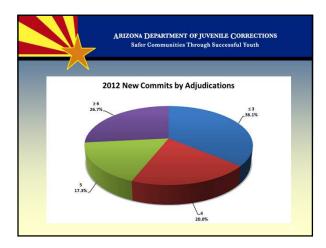












## **Intake Process**

- All newly adjudicated juveniles go through a 21-Day Reception, Assessment, and Classification (RAC) process
- During this process, juveniles are assessed in multiple areas, including Treatment and Education, through review of charts and interviews with the juvenile and their family
- The primary assessment is the Criminogenic and Protective Factors Assessment (CAPFA)

## Intake Process...Continued

- Juveniles with specific treatment needs are administered certain instruments to identify Level of Services
- These instruments include the AZYAS, MAYSI 2, SASSI, TSC, and J-SOAP II
- Also completed from assessments are the RRI, which identifies risk to recidivate and the level of services optimal for the juvenile while in secure
- ARI is used to determine abscond risk upon release and guides juvenile's future living situation

#### **Needs Assessment**

- 88% Substance Abuse Problem
- 28% Mental Health Disorder
- 30% Suicidal Tendencies
- 78% Below Grade Level
- 88% Raised with family members (including parents) with incarceration histories

## Post - RAC

- The various assessments determine the appropriate housing unit for the juvenile's secure care stay, which include:
  - 2 boys' and 1 girls' Substance Dependence units
  - 1 boys' and 1 girls' Mental Health unit
  - 2 boys' Sexualized Behavior Treatment units
  - 1 boys' Parole Violator unit
- The remaining units are Core Treatment units, with boys demarcated by RRI Risk levels

#### MDT

- The MDT is the Multi-disciplinary Team of each housing unit, including Facility staff, Psychology, Education, Community staff, the juvenile, and parent/ guardian
- Using the assessment material, the MDT develops a Continuous Case Plan (CCP) for the juvenile with his/her input and that of the parents/guardians

## MDT...Continued

- The MDT reviews each juvenile every month, including progress in treatment, education, and hehavior
- Establishes new Goals and Objectives
- Plans towards successful re-integration into the community, and identifies services needed, including counseling, education and vocational, and possibly placement

## Treatment

- All juveniles work on New Freedom, with additional programs for specific populations, e.g.
   7 Challenges, DBT, Sex Offense programs
- All programs are evidence-based to reduce recidivism
- Youth work on competencies outlining treatment goals and objectives
- Chief delivery method is group, with individual sessions with Psychology and Casework staff also

## Education

- Education is year-round
- Juveniles have seat time of 20 classroom hours per week
- Courses include High School credits, GED preparation, Music, Art, and Vocational Classes such as Cosmetology, Auto Shop, Culinary, Green Energy, and Fire Science
- Additional computer-based classes are also offered for credit recovery

## Other Programs

- Juveniles engage in daily Behavior Management Groups
- Recreation occurs daily
- Religious Services are offered to juveniles on a voluntary participation basis
- Juveniles receive Visitation and phone calls weekly

## **Extra-Curricular Activities**

- Programs, chiefly run by volunteers and contract partners, include:
  - Boys and Girls Scouts, Yoga, Zumba, Chess Club, Community transition preparation, Hip Hop Dance
  - Sports Team programs as part of a Charter School League – boys and girls Basketball, co-ed Soccer, and girls Volleyball

#### Health

- Juveniles receive a full medical and dental evaluation upon admission
- Ongoing routine and urgent care is provided as needed
- Psychiatry staff work with juveniles with acute and psychotropic medication needs

## Transition to the Community

- The MDT estimates when a juvenile is projected to be eliqible for release
- A multi-disciplinary Juvenile Community Reentry Board (JCRB) reviews the juvenile's progress, and considers the transition plan for community services and support for that juvenile
- The JCRB primarily considers community safety when evaluating a juvenile for release from secure care (ARS § 41-2818)

#### Recidivism

- Return to custody\* with ADJC or ADC
  - 12 months = 30%
  - 24 months = 38%
  - **36** months = 46%

\* for a new offense or a technical violation



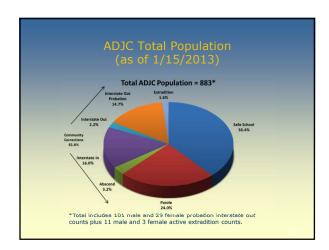
# Community Corrections

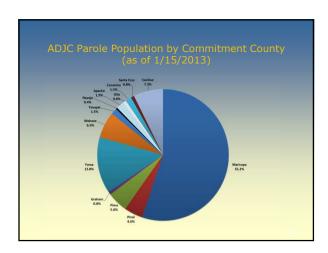
By Louis A. Goodman, Reentry Services Bureau Administrator

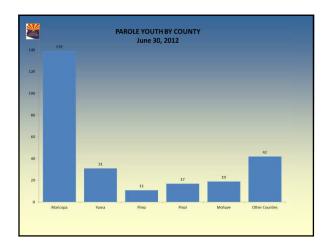
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### Statutory Foundation for Parole

- ARS§41-2818 Conditional Liberty (Parole)
   Authority, criteria and notification requirements
- ARS§41-2819 Revocation of Conditional Liberty
  - Authority, criteria, and direction that ADJC "establish procedures"
- ARS§41-2820 Discharge
  - 6 types: 3 mandatory, 2 discretionary, 1 depends
    - ARS§41-2820(D) felonies committed in secure care







## Interstate Compact for Juveniles (ICJ)

A.R.S.§8-360 Adopts ICJ in its entirety

 ADJC's ICJ staff supervise both probation and parole youth from other states for as long as they remain in their home states' juvenile system

ICJ Caseload: February 4, 2013

Out-of-State Youth in		Arizona Youth Out-of-	
<u>Arizona</u>		<u>State</u>	
Probation:	126	Probation:	126
Parole:	14	Parole:	16
TOTAL	140	TOTAL	142

#### Case Management

Parole Officer's Goal: Help Youth Succeed

- Assigned upon youth's intake; part of Multi-Disciplinary Team (MDT)
- Supervises youth in the community and hold accountable
- Ensures services being provided, consistent with youth's Continuous Case Plan
- Meets with family while youth in secure care and in community
- Works with community partners and law enforcement

#### Case Management...Continued

- Virtual Parole Offices have moved POs into the community
- Contact Standards based on risk to recidivate
- POs work with ADJC's Family Services Coordinators and Education Transition Specialists
- Work with an expanding network of community partners

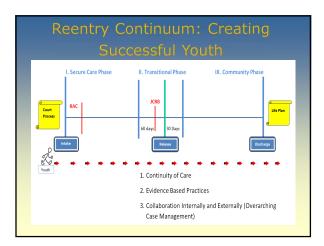
Out-of-Home Services	
Residential Treatment Center – Level I	
Inpatient psychiatric treatment; integrated program of therapies	
and activities for youth with severe or acute behavioral health, sexual perpetrator or substance abuse problems. Can be locked or	
unlocked	
Therapeutic Group Home -Level II	
Structured treatment setting with intensive on-site therapy for	-
youth who do not require on-site medical services; under the supervision of an on-call behavioral health professional; Unlocked	
setting, no school on site	
Behavioral Health Group Homes – Level III  24 hour care, supervision and intermittent treatment in a group	
residential setting;	
youth who are determined to have the skills necessary to function	
independently at a minimal level of self sufficiency. <b>Group Home Care</b> 24 hour care and supervision	
Shelter Care and Supervision short-term emergency care and	
supervision	
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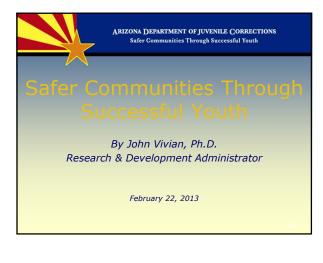
#### **ADJC Reentry Initiative**

- Systematic review of ADJC practices in order to enhance the likelihood of success when a youth returns to the community
- Success in secure care does not equal success in the community
- Align secure care programming to maximize the likelihood of success upon reentry
- · Focus on connectivity of services
- Engage families
- Expand community partnerships

#### Collaboration Efforts In Process

- Discussions with all 15 county juvenile courts
- Building Futures: A Second Chance for Juvenile Offenders
- Collaboration with AOC
- Maricopa County Education Services Agency (TSTJ)
- Maricopa County Human Services Dept.
- Boys and Girls Clubs and Teen AA
- Renewed collaboration with CPS on crossover youth
- · Zipline mentoring initiative





#### Arizona Youth Assessment System

- Actuarial tool
  - Disposition tool
  - Residential and Reentry tools
    - Pima Prevention Partnership
    - Web-based system
    - Mohave, Yuma, and Pinal Counties

#### Program Fidelity

- Monthly monitoring by management
- Quality Assurance
  - Group structure
  - Group meeting time
  - Group size
- Outside reviews
  - Seven Challenges staff
  - Teen AA

- Characteristics that reduce recidivism
- Five ADJC and nine community
- Capacity and Content
  - Staff and juvenile interviews
  - File Reviews
  - **Group Observations**
- ADJC Recovery evaluated in 2012

Arizona Department of Juvenile Corrections

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